



**BEHAVIORAL HEALTH DIVISION**

# Application Guide for *Supports Waiver*



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# Introduction

## Waiver Programs

Waivers are programs that waive certain restrictions of the State Medicaid Plan to allow the Wyoming to fund additional services not covered by another paid or unpaid source. The goal of the waiver program is to support an individual in his or her own community and avoid the need for residential institutional care.

Introduction

This application guide provides the necessary information, forms, and procedures to assist an individual in applying for the Supports Waiver.



### ***Supports Waiver Mission***

The Supports Waiver provides supportive services to eligible persons of all ages with intellectual and developmental disabilities so they can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences.

# Clinical Eligibility Requirements

## Supports Waiver Eligibility

A person is determined eligible for the Supports Waiver if he/she meets the #1-4 and 6 of the following criteria, and has either a qualifying diagnosis as stated in 5 or an acquired brain injury as listed in #7:

- 1) Is a legal United States citizen
- 2) Is a Wyoming resident as determined by Medicaid
- 3) Meets ICF/ID level of care
- 4) Meets Financial Eligibility as determined by Medicaid  
*Financial eligibility is determined by the Long Term Care Unit. As of January 2014, the criteria are monthly income cannot exceed \$2163 and individual assets cannot total more than \$2000; couple assets if both are applying cannot total more than \$3000. (Dollar amounts subject to change on a yearly basis.)*
- 5) Meets one of the following clinical eligibility diagnoses:
  - i) Intellectual disability or mental retardation verified in a psychological examination administered by a psychologist licensed in Wyoming, with substantial functional limitations verified by the psychologist in three or more of major life activity areas. **NOTE:** "Mental Retardation" is a term that has been replaced in Wyoming statute and is currently considered an "intellectual disability" as defined and characterized in the DSM-V manual.
  - ii) Developmental disability due to a related condition as determined by a physician or psychologist licensed in Wyoming with verification in a psychological evaluation that the person has significant functional limitations in three or more of major life activity areas. "Developmental disability" means a severe, chronic

Eligibility  
Supports  
Waiver

### **A Related Condition**

*Is attributable to a mental or physical impairment or combination of mental and physical impairments; that are likely to continue indefinitely; result in substantial functional limitations; and is manifested before the person turns age 22. It cannot be a mental illness condition.*

disability of a person which:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is likely to continue indefinitely;
  - c. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency;
  - d. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or
  - e. Is manifested before the person turns age 22
- 6) Qualifies on the Inventory for Client and Agency Planning (ICAP) assessment with one of the following:
- i) A service score of 70 or less (if ages 18 and older);
  - ii) An adaptive behavior quotient of .50 or below (for ages 0 through 5);
  - iii) An adaptive behavior quotient of .70 or below (for individuals 6 through 17); or
  - iv) Significant functional limitations in three (3) or more of the life activity domain areas: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency
- 7) An Acquired Brain Injury determined by both Medical Eligibility requirements and Clinical eligibility requirements:

### **Medical Eligibility**

- Determined by a licensed physician and registered nurse who reviews the medical documentation submitted by the applicant and verifies that this documentation meets the definition of acquired brain injury as listed below:
- Acquired Brain Injury (ABI) - any combination of focal and diffuse central nervous system dysfunction. Both immediate and/or delayed, at the brain stem level and above. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery and vascular disorders not associated with aging. It is an injury to the brain that has occurred since birth. It may have been caused by an external physical force or by a metabolic disorder(s). The term acquired brain injury includes traumatic brain injuries such as open or closed

head injuries and non traumatic brain injuries such as those caused by strokes, tumors, infectious diseases (e.g. encephalitis or meningitis), hypoxic injuries (e.g. asphyxiation, near drowning, anesthetic incidents, or severe blood loss), metabolic disorders (e.g., insulin shock or liver or kidney disease), and toxic products taken into the body through inhalation or ingestion. The term does not include brain injuries that are congenital or brain injuries induced by birth trauma. These dysfunctions are not developmental or degenerative. The injury has to occur prior to age 64.

### **Clinical Eligibility**

- A neuropsychological examination will be administered by a licensed psychologist who has at least one year of post-doctoral work in acquired brain injury. The neuropsychological examination will confirm that the individual meets the ABI definition and meets any of the following functional criteria:
- Mayo Portland Adaptability Inventory (MPAI) score of 42 or more
- California Verbal Learning Test II Trials 1-5 T score of 40 or less
- Supervision Rating Scale score of 4 or more Inventory for Client and Agency Planning (ICAP) service score of 70 or less (ICAP administered by a contracted agency)

## Supports Waiver Services

Traditional Services	*Self-Directed Services
Case Management	
Adult Day Services (must be over 21)	
Behavioral Support Services	
Child Habilitation Services (must be under 18)	Child Habilitation Services (must be under 18)
Cognitive Retraining	
Community Integration Services	
Companion Services (must be 18 or older)	Companion Services (must be 18 or older)
Dietician Services	
Environmental Modifications	
Employment Discovery and Customization	
Homemaker	Homemaker
Independent Support Broker	Independent Support Broker
Individual Habilitation Training (must be under 21)	Individual Habilitation Training (must be under 21)
Personal Care	Personal Care
Physical, Speech, & Occupational Therapy (must be under 21)	
Prevocational (must be 18 or older)	
Respite	Respite
Skilled Nursing	
Specialized Equipment & Supplies	Self-Directed Goods & Services
Supported Living Services (must be 18 or older)	Supported Living Services (must be 18 or older)
Supported Employment (must be 18 or older)	Supported Employment (must be 18 or older)
Supported Employment Follow Along (must be 18 or older)	* Self-Direction Handbook is available at DD Programs website: <a href="http://www.health.wyo.gov/ddd">www.health.wyo.gov/ddd</a>

**Please refer to  
pages 21-24 for  
complete Service  
Definitions**



# Step 1

## Waiver Application

### Step 1: Contact DD Section to apply

An applicant requesting information on waiver services may contact the DD Section **Participant Support Specialist (PSS)** in his/her county to arrange a time to meet in person or by phone to discuss the details of the waiver application process. The table below provides the contact information for each PSS by county. The PSS will schedule an appointment with the applicant to discuss the waiver application process.

Counties	Contact Number	PSS
Uinta, Lincoln, Sweetwater	<b>307-789-0618</b> bonnie.laird@wyo.gov	Bonnie Laird
Fremont, Teton, Sublette	<b>307-856-4648</b> beth.leonhardt1@wyo.gov	Beth Leonhardt
Campbell, Crook, Sheridan, Johnson	<b>307-684-7632</b> dalreen.kessler@wyo.gov	Dalreen Kessler
Converse, Natrona	<b>307-234-6439</b> leslie.emond@wyo.gov	Leslie Emond
Weston, Niobrara, Carbon, Albany, Platte, Goshen	<b>307-534-4658</b> dennis.yost@wyo.gov	Dennis Yost
Laramie	<b>307-777-5061</b> jessica.abbott2@wyo.gov	Jessica Abbott
Big Horn, Hot Springs, Park, Washakie	<b>307-527-4181</b> debra.spence@wyo.gov	Deb Spence
Participant Support Working Manager	<b>307-777-8760</b> tammy.arnold1@wyo.gov	Tammy Arnold
State Participant Support Program Manager	<b>307-777-3321</b>	Vacant

Step 1  
Waiver  
Application

# Step 2

## Waiver Application

### Step 2: Meet with the Participant Support Specialist (PSS)

#### Step 2 Waiver Application

During the meeting with the Participant Support Specialist (PSS), this ***Application Guide for the Supports Waiver*** will be discussed. If meeting by phone, the Guide will be e-mailed or mailed prior to the meeting. The following information will be reviewed with the waiver applicant:

1. ***Careful explanation of the application process*** – discuss the information in the Application Guide. (Note: It may take several months to determine eligibility.)
2. ***Information will be provided regarding service options for community-based or institutional services.***
3. ***List of potential Case Managers*** will be provided with suggestions for interviewing to help waiver applicant begin process to choose a Case Manager.

# Step 3

## Waiver Application

### Step 3: Complete Medicaid Waiver Application form and review other forms

During the initial meeting with the PSS, the forms listed below will be discussed. These forms must be completed and submitted to the PSS to begin the waiver application process.

1. **Supports Waiver Application form** – must be signed and completed first.
2. **Case Management Selection form** – to be completed by waiver applicant and the chosen Case Manager.
3. **Level of Care form** - Criteria for institutional care at an ICF/ID – must meet Level of Care Eligibility requirements. Form will be completed by the Case Manager.
4. **Inventory for Client and Agency Planning (ICAP) checklist** – will be completed by the Case Manager. This assessment is required to determine eligibility.

# Step 4

## Waiver Application

### Step 4: Select a Case Manager

#### Step 4 Waiver Application

The applicant has the right to choose a Case Manager from any enrolled Case Manager with the DD Section. The PSS will provide a list of Case Managers in the applicant's county in which to choose. During the application and eligibility process, the case manager will provide **Targeted Case Management Services**. It is important to choose a Case Manager that best meets the applicant's needs.

The Case Manager will assist the applicant in completing the waiver application process by:

- Completing information on the Level of Care form (known as the LT-104),
- Submitting an Application form for Medicaid State Plan services to the Medicaid Long Term Care Unit, who determines financial eligibility,
- Gathering medical documentation if required,
- Obtaining a psychological evaluation, and
- Completing the ICAP checklist.

The TCM will also assist the applicant in identifying other services that may be accessed while completing the waiver eligibility process and waiting for funded services. Please refer to the section on Roles and Responsibilities for more details regarding the Case Manager duties.

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# Step 5

## Waiver Application

### Step 5: Interview a Case Manager and complete Case Management Selection form

It is the responsibility of the applicant to set-up interviews for a Case Manager. Following is a list of potential questions that the applicant can ask a Case Manager during an interview to get a better feel for who would be a good fit for the applicant's needs:

1. Do you have any openings on your case load? If so, how quickly can you get started?
2. Would you describe your experience working with persons with disabilities?
3. Are you available to meet with me outside of normal business hours?
4. Communication and confidentiality are important to me, would you provide examples how you would honor both of these concerns?
5. Is your current case load manageable so that you can take on a new participant?
6. Are you committed to helping me access other services that I need while waiting for waiver approval? (i.e. social security application, DVR, DFS, etc.)
7. When funding is made available to me, will you continue to provide case management services?

Once a choice for Case Manager has been made, complete the **Case Management Selection form** in the back of this guide. The form identifies the Case Manager selected. Both applicant and Case Manager signatures are required. The Case Manager is responsible for mailing or faxing the completed form to the PSS, who will get the targeted case management services approved.

## Interview Worksheet for a Case Manager

Date Contacted for Interview	Date of Interview	Name of Case Manager	Phone Number	Address

### Notes (for reflecting on interviews):

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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# Step 6

## Waiver Application

**Step 6: Case Manager completes LT-104, schedules appointment with LTC unit, and assists in gathering documentation**

The next step is for the Case Manager to complete the **Level of Care Criteria** (LT-104) in the Electronic Medicaid Waiver System (EMWS). This process determines if the applicant meets the prescreening criteria for the waiver.

Case Manager then works with the applicant to submit a Medicaid application to the Long Term Care Unit (LTC) to determine financial eligibility. They will then either approve or deny financial eligibility and this will be noted in the EMWS case file.

PSS will either approve or deny the LT-104. At this point, the Case Manager will advise the applicant of the eligibility status. If the applicant does not meet financial eligibility or the LT-104 criteria, there is no further continuation of this process and a denial letter is sent.

If the applicant does meet the financial eligibility and LT-104 criteria, the Case Manager assists the applicant in gathering the following medical documentation for the case file:

1. Documentation verifying a related condition from a licensed physician or psychologist.
2. Psychological evaluation by licensed psychologist confirming an eligible intellectual disability.

**Note:** The psychological testing required is paid for by Medicaid.

3. Inventory for Client and Agency Planning (ICAP) checklist that measures functional limitations to verify eligibility. (ICAP administered by a contracted agency separate from the Behavioral Health Division.)

Step 6  
Waiver  
Application



# Step 7

## Waiver Application

**Step 7: TCM will assist applicant in completing ICAP**

The *Inventory for Client and Agency Planning* (ICAP) is an assessment of the person's functioning level. It reviews the adaptive and maladaptive behaviors of the applicant. This process involves gathering information to determine the type and amount of special assistance that the applicant may need. The assessment measures the applicant's motor skills, social and communication skills, personal living skills, and community living skills. It requires input from people who know the applicant, such as friends, family members, teachers, etc.

### Step 7 Waiver Application

The Case Manager will use a checklist to assist the applicant in obtaining all the required documentation for this assessment. These documents will become part of the electronic case file after they are scanned by the Case Manager. A contractor with the DD Section, the Wyoming Institute for Disabilities (WIND), will then complete a confidential evaluation. WIND will contact the applicant to complete the ICAP assessment. This assessment is paid for by the DD Section. The ICAP process may take up to 60 days.

# Step 8

## Waiver Application

**Step 8:** After all assessments are complete, the PSS will make final clinical eligibility decision

After WIND completes the ICAP assessment, they will notify the PSS electronically. The PSS will then complete the final application review of all the documentation.

The PSS and the Division Psychologist will review the assessments and eligibility information to make the final determination if an applicant is clinically eligible for a waiver. Once this has been determined, the applicant will receive a letter indicating the eligibility status. The Case Manager will also be notified electronically in the EMWS of the applicant's final eligibility determination.

Step 8  
Waiver  
Application

# Step 9

## Waiver Application

### Step 9: Receive a letter indicating denial or waiting list status

**For Denials:** If the applicant receives a denial of eligibility letter from the PSS, Wyoming Medicaid Rules state that if the applicant disagrees with this decision, he/she may request an Administrative Hearing from DD Section. This request must be submitted in writing within 30 days after the date of the denial letter and it must identify the reasons for the request and the issues to be addressed at the hearing. The applicant may have representation from an attorney, relative, friend, or support person at the hearing.

**For Approvals:** If the applicant is eligible, but funding is not available, the applicant will be placed on a waiting list. This simply means the state has more eligible applicants than funding opportunities. When funding does become available, the applicant will be notified in writing. The Case Manager will continue to assist the applicant in receiving non-waiver services, providing any crisis intervention and stabilization, and linking the applicant to available resources.

# Step 10

## Waiver Application

### Step 10: Receive a letter indicating eligibility for funding

The applicant receives a funding letter from the DD Section Participant Support Manager stating eligibility for waiver services, which includes the applicant's **Individual Budget Amount** (IBA). Then the following will take place:

1. The Case Manager will assist the applicant in contacting the Long Term Care Unit to inform them of the receipt of the funding letter.
2. Once the Long Term Care Unit has determined financial eligibility, the PSS will meet with the applicant to review Choice, the Team Meeting process, Self-Direction, Conflict of Interest, and waiver services.
3. Applicant will determine which services are needed with assistance from the Case Manager.
4. Case Manager will review services, providers and the self-direction handbook with applicant.
5. Applicant will determine who will provide needed services under Self- Direction or Traditional services.
6. Case Manager will assist the applicant in setting up a Team Meeting to develop the **Individualized Plan of Care** (IPC).
7. Case Manager will complete the IPC and submit it electronically through the EMWS for approval by the DD Section.
8. When the IPC is approved, the applicant can begin receiving waiver funded services.

# Roles and Responsibilities

## Participants/Guardian Responsibilities

- Assist in providing evidence of the need for services and supports.
- Assist in providing information so the case manager can complete the Level of Care Criteria form.
- Assist in collecting necessary data and documentation, including school records, medical records, and social security information.
- Provide guardianship papers from the court and notify the case manager if there are any changes in guardianship or representative payee.
- Assure that all providers are given necessary medical information, emergency information, contact information, and training.
- Choose among providers and services and to have choices respected.
- Keep informed of waiver changes through the website or educational opportunities provided by DD Programs.
- If self-directing waiver services, follow the requirements and responsibilities for that option.
- Participate in the program planning process, including participating in the development and review of the Individualized Plan of Care (IPC). **This includes coordinating with the case manager to schedule IPC meetings at least 30 days in advance of the meeting date.**
- Each year, submit forms and information to the Long Term Care Unit (LTC) to complete an annual financial eligibility review.
- Learn about rights and restrictions and be an active participant in any discussion about possible rights restrictions.
- Abide by all rules, laws, and expectations of the community.
- Take care of personal property and protect it from theft or loss.
- Ask any questions about direct responsibilities, if information or directions are not understood.
- **Be available (with the participant at home) for the monthly/quarterly home visits** required by the case manager, canceling in an appropriate amount of time so as not to disrupt service.
- Inform the case manager and/or providers of any concerns or questions, and to give them an opportunity to address any concerns or questions.
- Inform case manager of any requested changes in services and follow DD Programs transition procedures when changing service providers or moving to another location in the state. This includes scheduling the transition meeting two weeks in advance and allowing one week for the modification to be approved before the services are changed or the move takes place.
- A guardian of a participant, will provide information to the courts at least twice a year or as required by the courts.
- Review and verify documentation of services provided, when needed.
- Review the Individualized Plan of Care and make sure it reflects the services and supports that are required and agreed upon.
- **Notify DD Programs PSS and case manager of changes in residence, phone, guardianship, custody, etc.**
- Provide the case manager or providers with information in a timely manner on incidents, medication concerns, behavioral concerns, and other important information.
- Participate in assessments as needed for continued waiver eligibility determination.

# Roles and Responsibilities

## Case Manager Responsibilities

- Coordinate assessment and /or reassessment of the need of waiver services.
- Initiating the process to evaluate and/or re-evaluate the individual's Level of Care Criteria.
- Assist the team in determining which services are priorities.
- Support choices and preferences unless doing so is illegal or clearly not in the best interests of the participant.
- Educate the participant/guardian on self-direction and assist them in understanding the responsibilities of that choice.
- Provide the participant/guardian with informed choice regarding current service providers including other case managers.
- Assist the team in developing the Individualized Plan of Care (IPC) that includes the needs, interests, and goals of the participant.
- Review the plan of care with the participant and team in a manner that is easy to understand.
- Assist the providers/team in developing a personalized schedule for the participant.
- Give copies of the Individualized Plan of Care to providers in accordance with applicable privacy and confidentiality law and regulation.
- Monitor services and billings by providers on the Individualized Plan of Care.
- Be available to and at the times and places that are convenient for the participant and provide emergency contact information.
- Complete a home visit each month/quarter if not in a residential service, which is required to bill for case management services. The participant must be in the home at the time of the visit.
- Provide a minimum of two (2) hours of case management services in the categories of: home visit plan development, monitoring and follow-up, participant specific training, face to face meeting with participants, guardian, family, advocacy and referral, crisis intervention, coordination of natural supports, and team meetings.
- Observe services in various setting to verify if the plan is being implemented, if schedules are accurate, if objectives are being implemented and progress is being made, and if the participant's desires are being met on a quarterly basis.
- Provide education on self-direction opportunities within the waivers.
- If a participant is self-directing, work with the support broker and employer (the participant/family) to complete case management duties as listed in the service definition.
- Provide second line monitoring of medication regimes as outlined in the IPC.
- Monitoring the use of restrictions and restraints as outlined in Positive Behavior Support Plans and completing trend analysis.
- Provide DD Programs and other agencies or providers with information in a timely manner on incidents, medication concerns, behavioral concerns & other important information.
- Responsible for knowing and sharing current participant specific information; i.e. change in medications, behavioral changes, etc.
- Responsible for knowing current DD Programs updates and training.
- Provide 30 days notice for team meetings – semi-annually and annually.
- Submit IPC to DD Programs PSS 30 days prior to the Individualized Plan of Care start date.



# Roles and Responsibilities

## Provider Responsibilities

- Participate in team meetings and provide pertinent information that allows the team to make the right decisions about services and supports.
- Follow the Individualized Plan of Care (IPC) and notify the case manager when there are questions or concerns with the plan.
- Provide the participant/guardian and the case manager with information in a timely manner on incidents, medication concerns, behavioral concerns, billing documentation, and other important information.
- Use the team process to determine if changes need to be made to services on the Individualized Plan of Care, including changes to medications, behavior plans, meal time plans or any other significant changes that impact the services on the IPC.
- Follow DD Programs transition procedure to facilitate transitions prior to accepting participants into services or agreeing to serve them.
- Responsible for knowing current DD Programs updates and training.
- Respect the participant's rights and cultural differences and assure that all staff understand and respect the rights of the participant.
- Follow Medication Assistance guidelines if in the Individualized Plan of Care.
- Provide documentation of internal and critical incidents to the case manager.
- Provide documentation of restraints and/or restrictions if identified in a Positive Behavior Support Plan.
- Notify DD Programs PSS of any changes in address, phone or email immediately to alleviate any chance of deactivation or disruption of payment.
- Do not provide services until a copy of the Individualized Plan of Care, which includes the service verification form, and all appropriate signatures, is received.
- A copy of monthly documentation must be sent to the appropriate case manager by the 10<sup>th</sup> business day of the calendar month.
- Keep accurate records of units, including the number of units used in the IPC, and notify the case manager if unit usage is changing.
- Responsible for developing schedule and objectives with team input.
- Providers need to be available for Case Managers and Participant Support Specialist to observe trainings and services.
- Allow Case Managers and DD Programs staff to monitor waiver services.



# Definition of Service Options

ADULT DAY SERVICES (ages 21+ only)	Adult Day Services are structured services consisting of meaningful day activities that maximize or maintain skills and abilities, keep participants engaged in their environment and community through optimal care and support; actively stimulate, encourage, develop, maintain, personal skills; introduce new leisure pursuits, establish new relationships, improve or maintain flexibility, mobility, and strength; or build on previously learned skills. Services also include personal care, protective oversight, and health maintenance activities such as medication assistance and routine activities that may be provided by unlicensed direct support professionals identified in the plan of care. They are usually provided in a congregate setting. When provided in congregate community setting, there must be staff on-site within immediate proximity to allow staff to provide support and supervision, safety and security, and provide activities to keep the person engaged in their environment. Transportation into the community to shop, attend recreational and civic events, or other community activities and resources, is a component of Adult Day Services and is included in the rate to providers.
BEHAVIORAL SUPPORT SERVICES	Behavioral Support Service includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors through the implementation of positive behavior support and interventions. Behavioral Support service can also be accessed for the intent purpose of reducing the use of restrictions and restraints within a participant's current plan of care or service environment.
CASE MANAGEMENT	Case management is a service to assist participants in gaining access to needed waiver services, Medicaid State Plan services, medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Case managers are responsible for assessment and/or reassessment of the need for waiver services; initiating the process to evaluate and/or re-evaluate the individual's level of care; linking waiver participants to other Federal, state and local programs; developing the plan of care according to state policies and procedures; coordinating multiple services and/or among multiple providers; ongoing monitoring of the implementation of the plans of care; ongoing monitoring of participant's health and welfare; addressing problems in service provision, including problems found during the ongoing monitoring of the implementation of the plan of care or concerns with a participant's health and welfare; responding to participant crises; reviewing service utilization and documentation of all services provided on a monthly basis to assure the amount, frequency, and duration of services are appropriate.
CHILD HABILITATION (ages 0-17 only)	Child Habilitation Services provide children with regularly scheduled activities (and/or supervision) for part of the day. Services include training, coordination and intervention directed at skill development and maintenance, physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration and domestic and economic management.
COGNITIVE RETRAINING	Training provided to the person served or family members that will assist the compensation or restoring cognitive function (e.g. ability/skills for learning, analysis, memory, attention, concentration, orientation, and information processing) in accordance with the Plan of Care (POC).
COMMUNITY INTEGRATION SERVICES (ages 21+ only)	Community Integration Services offer assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Services should be furnished in any of a variety of settings in the community and are not limited to fixed-site facilities. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service provision. 50% percent of the time in service must be planning and participating in community integrated activities.
COMPANION SERVICES (must be 18 or older)	Companion services include non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and community and enhancing independence. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. Companion Services include informal training goals in areas specified in the individual plan of care.

CRISIS INTERVENTION SUPPORT	Crisis Intervention services may be added to a plan for situations where a participant's tier level may not provide sufficient support for specific activities, medical conditions or occurrences of behaviors or crisis, but the extensive supervision is not needed at all times. The service may only be provided to a participant age 18 years or older in habilitative residential or day services. Crisis Intervention provides funding for extra support from another staff to supervise a participant in the habilitation service during times of periodic behavioral episodes where the person is a danger to oneself or others, or if the participant has an occasional or temporary medically fragile situation and is at risk of imminent harm without the extra staff support. Intervention for behavioral purposes is not intended for watching the person should the behavior occur, but for the purpose of supporting the participant when the need arises, using positive behavior supports and non-violent, non-physical crisis intervention services to de-escalate a situation, teach appropriate behaviors and keep the participant safe until the participant is stable.
DIETITIAN SERVICES	Services furnished by a licensed Dietician, including menu planning, consultation with and training of caregivers, and education of participants.
EMPLOYMENT DISCOVERY AND CUSTOMIZATION	Employment Discovery and Customization is the individualized determination of the strengths, needs, and interests of the participant and is designed to meet the specific needs of the employee and employer relationship. Employment discovery and customization includes employment developed through job carving, self-employment or entrepreneurial initiative, or other job development or restructuring strategies that result in job responsibilities being customized and individually negotiated to fit the needs of participants. Employment discovery and customization presumes the provision of reasonable accommodations and supports necessary to perform functions of a job that is individually negotiated and developed. The first 100 units may be used to complete the Employment plan, 300 for job development. There is a 400 units service limit on either waiver.
ENVIRONMENTAL MODIFICATIONS	Environmental modifications include those functionally necessary physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. There is a lifetime cap of \$20,000 per family, regardless of waiver.
HOMEMAKER	Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself/herself or others in the home. There is no cap on the Supports Waiver. On the comprehensive waiver the cap is 624 units per year – a maximum of 3 hours per week.
INDEPENDENT SUPPORT BROKER (For Self-Directing)	Independent Support Brokerage is a service that assists the participant (or the participant's legal representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or legal representative, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. The Support Broker offers practical skills training to participants and their legal representatives to enable them to independently direct and manage waiver services. Support Brokerage is an optional service for a participant or legally authorized representative who self-directs services. There is annual cap of 320 units for both the Comprehensive and Supports Waivers. IBAs will not be increased to add this service.
INDIVIDUAL HABILITATION TRAINING	Individual Habilitation Training (formerly Residential Habilitation Training) is a specialized 1:1 intensive training service to assist a participant with the acquisition or improvement in skills not yet mastered that will lead to more independence and a higher level of functioning. Individual Habilitation Training services are for participants who live with unpaid caregivers or who need less than 24-hour paid supervision and support. Individual Habilitation Training services have a four (4) hour a day limit and units shall be approved based upon the participant's need and budget limit.
OCCUPATIONAL THERAPY (ages 21+ only)	Services furnished by or under the scope of practice of an occupational therapist and necessary to keep a participant in his or her home or out of an institution.



PERSONAL CARE	<p>Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. Personal Care services may include the preparation of meals, exclusive of the cost of the meals. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the participant, rather than the participant's family. The participant must be in the home when the service is being provided.</p> <p>Personal care can include Activities of Daily Living (ADLS) and Instrumental Activities of Daily Living (IADLS).</p> <ul style="list-style-type: none"> <li>• ADLS include bathing, dressing, toileting, transferring, positioning, maintaining continence, other hygiene tasks, eating, etc.</li> <li>• IADLS include more complex life activities, such as personal hygiene, light housework, laundry, meal preparation, exclusive of cost of meal, using the telephone medication and money management.</li> </ul>
PHYSICAL THERAPY (ages 21+ only)	Maintenance or restorative services provided by or under the scope of a licensed physical therapist, which are necessary to keep a participant in his or her home or out of an institution.
PREVOCATIONAL (ages 18+)	Prevocational services are services designed to create a path to integrated community based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.
RESPIRE	Respite consists of services provided to participants unable to care for themselves. Respite is intended to be utilized on a short-term basis because of the absence or need for relief of the natural caregiver. Respite must be episodic, for special events when the caregiver needs relief. Respite cannot be used as a substitute for care while the primary caregiver is at work. It cannot be used for daily scheduled supervision. The amount of Respite services authorized shall be based upon need and does not include similar services otherwise available through public education programs in the participant's local school district, including after school supervision, daytime services when school is not in session, and services to preschool age children. There is an annual cap of 1664 units on the Comprehensive waiver.
SELF-DIRECTED GOODS & SERVICES (Only available for those Self-Directing)	<p>Goods and services are services, equipment, and supplies that provide direct benefit to the participant and support specific outcomes in the individual plan of care. Participant must Self-Direct at least one direct service through the Fiscal Employer Agent to utilize goods and services.</p> <p>Equipment purchases have a cap of \$2,000 and cannot include any item covered under the specialized equipment waiver service. If an item needed exceeds that amount, the team may request an exception to the cap through the ECC. The Division may require an assessment for an equipment purchase by a Certified Specialized Equipment (CSE) professional. Assessment is funded as a part of the \$2,000 cap.</p> <p>Electronic technology devices are only allowed once every five (5) years and like items cannot be purchased during those five (5) years. There are no exceptions. The Division shall limit the purchase of any general item purchase and only allow the purchase of an iPad or other electronic devices, if recommended by CSE professional.</p>
SKILLED NURSING	Skilled Nursing services are medical care services delivered to individuals with complex chronic and/or acute medical conditions, which is performed within the Nurses' scope of practice as defined by Wyoming's Nurse Practice Act, which includes the application of the nursing process including assessment, diagnosis, planning, intervention and evaluation and the administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the execution of the medical regimen. The services must require a level of expertise that is undeliverable by non-medical trained individuals.

SPECIALIZED EQUIPMENT AND SUPPLIES (New & Repair)	Services include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Items reimbursed with waiver funds shall exclude any medical equipment and supplies furnished under the Medicaid State Plan. There is an annual cap of \$2,000 per year.
SPEECH, LANGUAGE, & HEARING SERVICES (ages 21+ only)	Speech Therapy services consist of the full range of activities provided by a licensed speech therapist. Services include screening and evaluation of participants with respect to speech function; development of therapeutic treatment plans; direct therapeutic intervention; selection, assistance, and training with augmentative communication devices, and the provision of ongoing therapy. Speech Therapy services through the waiver can be used for maintenance and the prevention of regression skills. The units must be prior authorized and must be prescribed by a physician.
SUPPORTED LIVING SERVICES (ages 18+)	Supported Living services assist a participant to live in a home or apartment leased by the participant or guardian, or in the family home when the participant requires a range of community-based support to live as independently as possible. These individuals do not require ongoing 24-hour supervision but do require a range of community-based support to maintain their independence. They require individually-tailored supports to assist with the acquisition, retention, or improvement in skills related to living successfully in the community. Supported living services shall be based upon need. These services can include: assisting with common daily living activities; performing routine household activities to maintain a clean and safe home; assistance with health issues, medications, and medical services; teaching the use of the community's transportation system; teaching the use of police, fire and emergency assistance; managing personal financial affairs; building and maintaining interpersonal relationships; participating in community life; and 24-hour emergency assistance.
SUPPORTED EMPLOYMENT (ages 18+)	<p>This waiver offers various employment support services to support and assist a participant (ages 18+) who, because of their disability, needs intensive support to find and maintain a job in competitive, integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by an individual without a disability. The outcome of using the employment pathway of support services is to help a participant find and maintain a job that meets personal and career goals.</p> <p>A range of supported employment services are available with varying levels of support and intensity to assist the participant in attaining and maintaining the highest level of paid, community integrated employment. Supported Employment Services may be provided in an individual setting or in a group setting.</p>
SUPPORTED EMPLOYMENT FOLLOW ALONG	Services and supports that enable a participant who is paid at or above the federal minimum wage to maintain employment in an integrated community employment setting. Service is provided for or on behalf of a participant through intermittent and occasional job support, communicating with the participant's supervisor or manager, whether in the presence of the participant or not. SEFA may cover support through phone calls between support staff and the participant's managerial staff.
TRANSPORTATION	Transportation service on the waiver is a gap service to enable participants to gain access to an employment location, community services, activities, and resources as specified by the plan of care when a service provider is not needed at the event. Service is not intended to replace formal or informal transportation options, like the use of natural supports, city transportation services, and travel vouchers. Transportation services under the waiver shall be offered in accordance with an individual's plan of care and whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge or with other resources will be utilized.

Please refer to the Services Definitions located on the DD website for further information on each service.

<http://health.wyo.gov/dd/index.html>

# Additional Information

## Definitions

Below are definitions for commonly used terms in waiver programs.

**Advocate:** A person, chosen by the participant or legal guardian, who supports and represents the rights and interests of the participant in order to ensure the participant's full legal rights and access to services. The advocate can be a friend, a relative, or any other interested person. An advocate has no legal authority to make decisions on behalf of a participant.

**Adult:** A person who is twenty-one years of age or older for purposes of the Adult Developmental Disabilities Home and Community Based Waiver.

**Acquired Brain Injury (ABI):**

- I. Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above.
- II. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with aging.
- III. It is an injury to the brain that has occurred since birth.
- IV. It may have been caused by an external physical force or by a metabolic disorder(s).
- V. It includes traumatic brain injuries such as open or closed head injuries and non-traumatic brain injuries such as those caused by strokes, tumors, infectious disease, hypoxic injuries, metabolic disorders, and toxic products taken into the body through inhalation or ingestion.
- VI. It does not include brain injuries that are congenital or brain injuries induced by birth trauma.
- VII. These dysfunctions are not developmental or degenerative.

**Case Manager:** A service provider who helps an eligible person with a developmental disability to identify, select, obtain, coordinate and use both paid services and natural supports which enhance independence, productivity, and integration consistent with his or her capacity and preferences.

**Child:** A person under 21 years of age for participants receiving services on the Children's Developmental Disabilities Home and Community Based Waiver. Participants between the ages of 18 and 21 receive services on the Children's Developmental Disabilities Home and Community Based Waiver but are considered an adult in the State of Wyoming and shall sign their own documents unless they have a legal guardian.

**Circle of Support:** Specific persons an individual can contact for help or is a natural support. These may include family members, friends, neighbors, advocate, providers, landlord, community members or agencies, or local emergency agencies.

**Conflict of Interest:** Specific to the Individualized Plan of Care (IPC), a conflict of interest is a situation in which a case manager has competing or conflicting interests or loyalties. Examples include: 1) a self-employed case manager also provides other services on that participant's plan of care 2) an organization employs a participant's case manager and also provides other services on the participant's IPC.

**Department of Family Services (DFS):** Pursuant to W.S. § 35-20-115, The Central Registry of the Department of Family Services that includes substantiated reports of abuse, neglect, exploitation, or abandonment of vulnerable adults and children.

**Developmental Disability:** As defined in federal law (42 U.S.C. § 15002 (8)), a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments.
- Is manifested before the individual attains age 22.
- Is likely to continue indefinitely, and
- Results in substantial functional limitations in 3 or more of the areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, and Economic self-sufficiency.
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care treatment or other services, which are of a lifelong or extended duration and are individually planned and coordinated..

**Electronic Medicaid Waiver System (EMWS):** Electronic system for managing waivers and case files.

**Functionally necessary:** A waiver service that is:

- I. Required due to the diagnosis or condition of the participant, and
- II. Recognized as a prevailing standard or current practice among the provider's peer group, or
- III. Intended to make a reasonable accommodation for functional limitations of a participant, to increase a participant's independence, or both.
- IV. Provided in the most efficient manner and/or setting consistent with appropriate care required by the participant's condition.
- V. For the purposes stated, utilization is not experimental or investigational and is generally accepted by the medical community.

**Guardian:** A person lawfully appointed as guardian to act on the behalf of the participant or applicant.

**ICF/ID:** This is the Level of Care Criteria for Intermediate Care Facility for persons with Intellectual Disability as defined in 42 U.S.C. § 1396d (d).

**Individual Budget Amount (IBA):** Allocation of Medicaid waiver funds assigned to a participant to budget services according to one's assessed needs.

**Individualized Plan of Care (IPC):** A written Plan of Care for a participant that describes the type and frequency of services to be provided to the participant regardless of the funding source and that identifies the provider or provider types that furnish the described services.

**Individualized Plan of Care (IPC) team:** A group of persons who are knowledgeable about the person and are qualified, collectively, to assist in developing an individual Plan of Care for that person. Membership of the team shall include the participant, the guardian if applicable, the case manager, providers on the person's individual plan of care, an advocate if applicable, and any other person chosen by the participant.

**Intellectual Disability:** A term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a person to learn and develop more slowly than a typical person of a similar age. A person with an intellectual disability may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating, and are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn. Intellectual disability is the currently preferred term for the disability historically referred to as "mental retardation." The term intellectual disability covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, and duration of the disability and the need of people with this disability for individualized services and supports.

**Inventory for Client and Agency Planning (ICAP):** An instrument used by the DD Programs to help determine eligibility and to determine the needs of the participant, available from Riverside Publishing, its successor, or designee.

**Medicaid:** Provides medical assistance and services pursuant to Title XIX of the Social Security Act and/or the Wyoming Medical Assistance and Services Act. "Medicaid" includes any successor or replacement program enacted by Congress and/or the Wyoming Legislature. Medicaid in Wyoming is a program under the Office of Healthcare Financing within the Wyoming Department of Health.

**Medical Records:** All documents, in whatever form, in the possession of or subject to the control of a provider, which describe the participant's diagnosis, condition, or treatment, including, but not limited to, the Individualized Plan of Care.

**Objectives:** A specific, measureable, attainable, relevant, time specific and trackable condition or skill that must be attained in order to accomplish a particular goal.

**Participant:** An individual who has been determined eligible for covered services on the Comprehensive Waiver, Supports Waiver, Child DD Waiver, or the Acquired Brain Injury Waiver.

**Person-Centered Planning:** A process, directed by a participant, that identifies the participant's strengths, capacities, preferences, needs, the services needed to meet the needs, and providers available to provide services. Person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the Individualized Plan of Care.

**Provider:** A person or entity that is certified by DD Programs to furnish covered services and is currently enrolled as a Medicaid waiver provider.



**Psychological Evaluation:** A process that evaluates the mental capabilities of a person used to determine eligibility.

**Related Condition:** A condition that results in a severe, chronic developmental disability affecting an individual which manifests before he or she reaches age twenty-two and that is attributable to cerebral palsy, seizure disorder, or any condition other than mental illness that is closely related to an intellectual disability and that requires similar services, as determined by a licensed psychologist or physician.

**Representative Payee:** A person or organization appointed by the Social Security Administration to manage Social Security, Veterans' Administration, Railroad Retirement, Welfare Assistance, or other state or federal benefits or entitlement program payments on behalf of an individual who cannot manage or direct the management of his/her own money.

**Self-Direction:** Is a belief that emphasizes the ability of people with developmental disabilities and, where appropriate, their families, to decide about their own needs and make choices about what services would best meet those needs. The participant design his/her own Plan of Care, designs and manages his/her own budget, and decides whom to hire to provide the support he/she chooses.

**Targeted Case Management (TCM):** This is a service that allows case managers to get paid for their time spent working with a new applicant or eligible applicant on the waiting list. During TCM services, a case manager can assist the applicant in the following:

- Obtaining the necessary documentation, such as medical records and psychological and neuropsychological assessments to determine eligibility
- Assisting in making initial appointments for applicants with service providers and informing applicants of services available while waiting for funding
- Ensure a participant is following a prescribed service plan and monitoring the progress and impact of that plan
- Being an advocate for applicants for the purpose of accessing needed services
- Providing crisis intervention and stabilization in situations requiring immediate attention/resolution

The Case Manager may not provide any direct service to the applicant, such as driving to appointments.

**Traditional Services:** This is a provider-driven service delivery process in which providers determine who will be hired, where staff will work, how much they will be paid, and how the services will be delivered overall.

**Waiting List:** A list of persons who are eligible for covered services and who have submitted a completed application, but the services are unavailable because of limits imposed by funding for or on the waiver.

# Additional Information

## Resources

### Brain Injury Association of Wyoming

111 West 2<sup>nd</sup> Street, Suite 106  
Casper, WY 82601  
Phone: (800) 643-6457  
Website: [www.biausa.org/Wyoming](http://www.biausa.org/Wyoming)

### Department of Family Services (DFS)

Local phone numbers listed by county  
Website: <http://dfsweb.state.wy.us>

### Department of Health, Aging Division

6101 Yellowstone Road; Suite 186A  
Cheyenne, WY 82002  
Phone: (307) 777-7986  
Website: <http://wdh.state.wy.us>

### Department of Health, Behavioral Health Division Mental Health and Substance Abuse

6101 Yellowstone Road; Suite 220  
Cheyenne, WY 82002  
Phone: (800) 535-4006 or (307) 777-6494  
Website: <http://wdh.state.wy.us>

### Department of Health, Behavioral Health Division Developmental Disabilities Programs

Phone: (800) 510-0280 or (307) 777-7115  
Website: [www.health.wyo.gov/ddd](http://www.health.wyo.gov/ddd)

### Division of Vocational Rehabilitation (DVR)

1510 E Pershing Blvd  
Cheyenne, WY 82002  
Phone: (307) 777-7364  
Website: [www.wyomingworkforce.org](http://www.wyomingworkforce.org)

### Early Childhood and Intervention

Phone: (800) 510-0280 or (307) 777-7115  
Website: [www.health.wyo.gov/ddd/earlychildhood](http://www.health.wyo.gov/ddd/earlychildhood)

### Governor's Planning Council on Developmental Disabilities

Phone: (800) 438-5191 or (307) 777-7230  
Website: <http://ddcouncil.state.wy.us>

### Parent Information Center

500 W Lott St, Suite A  
Buffalo, WY 82834  
Phone: (800) 660-9742  
Website: [www.wpic.org](http://www.wpic.org)

### People First of Wyoming

Phone: (877) 289-7168 or (307) 432-4033  
Website: [www.peoplefirstofwyoming.com](http://www.peoplefirstofwyoming.com)

### Protection and Advocacy (P&A) Systems

Phone: (307) 632-3496  
Website: [www.wypanda.com](http://www.wypanda.com)

### Shoshone & Arapahoe Social Service

109 Norkok  
Ft Washakie, WY 82514

Phone: (307) 856-0344

### Social Security Administration (SSA)

5353 Yellowstone Road, Room 210  
Cheyenne, WY 82009  
Phone: (800) 772-1213 or (307) 772-2135  
Web site: [www.ssa.gov](http://www.ssa.gov)

### The Arc of Wyoming Chapter (Arc)

Laramie County: (307) 632-1209  
Natrona County: (307) 577-4913  
Uinta/Lincoln County: (307) 789-7679  
Sheridan County: (307) 672-8665  
Lander/Riverton: (307) 335-8801

### UPLIFT

4007 Greenway Street, Suite 201  
Cheyenne, WY 82001  
Phone: (888) -875-4383  
Website: [www.upliftwy.org](http://www.upliftwy.org)

### Veterans Affairs Commission

5905 CY Avenue  
Casper, WY 82604  
Phone: (800) 833-5987 or (307) 265-7372  
Website: [www.va.gov](http://www.va.gov)

### Visually Impaired Program (VIP)

Local phone numbers listed by county  
Website: [www.wilr.org/roster.html](http://www.wilr.org/roster.html)

### WIND Assistive Technology Resources (WATR)

University of Wyoming  
Phone: (800) 861-4312 or (307) 766-2764  
Website: [www.icdri.org/legal/WyomingATP.htm](http://www.icdri.org/legal/WyomingATP.htm)

### Wyoming Guardianship Corporation (WGC)

Phone: (307) 635-8422  
Website: [www.wyomingguardianship.org](http://www.wyomingguardianship.org)

### Wyoming Independent Living Rehabilitation (WILR)

305 West 1<sup>st</sup> Street  
Casper, WY 82601  
Phone: (800) 735-8322 or (307) 266-6956 Casper  
Website: [www.wilr.org](http://www.wilr.org)

### Wyoming Institute for Disabilities (WIND)

1000 E University Ave, Dept. 4298  
Laramie, WY 82071  
Phone: (888) 989-9463 or (307) 766-2761  
Website: [www.uwyo.edu/wind](http://www.uwyo.edu/wind)

### Wyoming Services for Independent Living (WSIL)

190 Custer Street  
Lander, WY 82520  
1616 E 11<sup>th</sup> Street  
Cheyenne, WY 82009  
Phone: (307) 637-5127 Cheyenne  
Phone: (800) 266-3061 or (307) 332-4889 Lander  
Website: [www.wysil.org](http://www.wysil.org)

# Waiver Applicant Checklist

	Task	Date Completed
1	<b>Contacted Behavioral Health Division - DD Section Participant Support Specialist (PSS)</b>	
2	<b>Appointment set with PSS to discuss the Application Process.</b> Date _____ Time _____ Location _____ <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	
3	Received from PSS the <b>Application Guide for the Supports Waiver</b>	
4	Completed the <b>Application form</b> . (Mailed form to PSS if meeting by phone; otherwise, leave form with PSS at meeting.)	
5	<b>Interviewed Case Managers for TCM.</b>	
6	Selected Case Manager & both signed <b>Case Management Selection form</b> — you and Case Manager signed it, then the Case Manager mailed or faxed form to PSS.	
7	Case Manager <b>completed your Level of Care Criteria (LT-104)</b> in EMWS	
8	Case Manager assisted you in <b>submitting the Medicaid application to the LTC Unit</b> to determine your financial eligibility.	
9	Case Manager helped you <b>gather guardianship papers</b> if applicable and <b>additional medical documentation</b> if a related condition and scanned this information into the EMWS	
10	Case Manager notified you PSS reviewed your LT-104 & LTC reviewed your financial eligibility. You will be either eligible or ineligible to proceed in your application process	
11	If eligible, TCM <b>scheduled your psychological evaluation</b> Date of appointment: _____ Name of licensed Psychologist: _____	
12	<b>Psychological evaluation completed</b> by psychologist and submitted by the Case Manager.	
13	Case Manager <b>completed the ICAP checklist</b> in EMWS.	
14	PSS reviewed and approved your psychological evaluation, additional medical documentation if required, and ICAP checklist.	
15	<b>ICAP submitted to WIND to do the assessment.</b>	
16	WIND assessor <b>schedules an interview</b> to do the ICAP.	
17	Once ICAP is finalized (can take 45-90 days to complete), you are <b>notified in writing by PSS that you are either eligible, on a waiting list, or you have been denied eligibility.</b>	
18	If <b>waiting list</b> letter is received, the Case Manager will continue to assist you in accessing other non-waiver services you need until the waiver funding becomes available.	
19	If eligibility letter is received and <b>funding is available</b> , the Case Manager assists in contacting LTC staff to notify them of the funding letter and to determine your financial eligibility. Date LTC contacted: _____	
20	Applicant contacted PSS for information about service options, provider choices, and initial team meeting process information.	
21	When eligible, Case Manager assists you in interviewing potential providers for compatibility.	
22	Case Manager schedules team meeting to <b>prepare your Individualized Plan of Care (IPC).</b>	
23	<b>Start receiving services</b> offered through the Supports Waiver program!	





Behavioral  
Health  
Division

WYOMING DEPARTMENT OF HEALTH  
Home and Community Based Services (HCBS)  
**Medicaid Waiver Application**

**Applicable Program**

Please check the appropriate waiver:

- ☐ Comprehensive Waiver    ☐ Child (DD) Waiver  
☐ Supports Waiver        ☐ Acquired Brain Injury (ABI) Waiver

Are you currently on a waiver? ☐ Yes ☐ No  
Waiver: \_\_\_\_\_  
If yes, current Case Manager name: \_\_\_\_\_

**Applicant Contact Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Medicaid #: \_\_\_\_ - \_\_\_\_\_ Town to receive services: \_\_\_\_\_  
Preferred method of contact? ☐ mail ☐ phone ☐ e-mail    ☐ Male ☐ Female Ethnicity: \_\_\_\_\_  
I am interested in the ICF/ID at the Wyoming Life Resource Center and would like more information. ☐ Yes ☐ No

**Guardian Contact Information**

Please fill out the following section if the person above is under 18 years of age or the person above has a legal, court-appointed guardian (full or limited).

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Preferred method of contact? ☐ mail ☐ phone ☐ e-mail  
Is this person a legal court-appointed guardian (full or limited)? YES ☐ NO ☐

**Emergency Contact Information**

Please include emergency contact information.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signatures**

Signature of Applicant or Legally Responsible Representative    Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
If signature of responsible person, relationship to the applicant: ☐ Parent ☐ Guardian ☐ Grandparent ☐ Family Member ☐ Other  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(required if signature is marked with an "X")

**Mail this form to DD Section Participant Support Specialist**





Behavioral  
Health  
Division

## Case Management Selection

Please check the appropriate waiver:

- ☐ Comprehensive Waiver
 ☐ Acquired Brain Injury (ABI) Waiver  
☐ Supports Waiver  
☐ Child Developmental Disabilities (DD) Waiver

Applicant: \_\_\_\_\_  
(First) (Last)

Legal Guardian: \_\_\_\_\_  
(First) (Last)

### Acknowledgement of Choice of Providers and Case Manager Conflict of Interest Disclosure

Please initial each line verifying services available through this waiver program have been explained to you.

- \_\_\_\_\_ I understand that I have the ability to make decisions regarding what services will be provided and which providers we will work with while he/she is a waiver participant.  
 \_\_\_\_\_ I understand that I have a right to request informal dispute resolution or an Administrative Hearing if not given the choice of providers.  
 \_\_\_\_\_ I understand that I can choose a case manager not affiliated with any of my other services; however, if the case manager is providing other services on my plan or works for an organization providing me other services, this may be a conflict of interest and it must be disclosed.

### Case Manager Selection

A list of DD Section certified case managers available in my region was shared with me and my questions have been answered. I have chosen the following individual to act as my case manager to assist in gathering the necessary information to prepare my clinical eligibility and, if eligible for services, to assemble and submit the Individualized Plan of Care.

I understand that I may choose a different case manager at a later date.

Case Manager Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Federal Provider ID (NPI): \_\_\_\_\_ Wyoming Provider ID: \_\_\_\_\_

If this selection is to make a change, my existing Case Manager is: \_\_\_\_\_

Federal Provider ID (NPI): \_\_\_\_\_ Wyoming Provider ID: \_\_\_\_\_

Effective Date of Change to New Case Manager: \_\_\_\_\_

### Consent for Information Release

Please initial each line verifying your understanding of this information.

- \_\_\_\_\_ I agree to participate in assessments/screenings to determine clinical eligibility and the need for HCBS waiver services.  
 \_\_\_\_\_ I authorize the release of information by my physician, hospital, community mental health center, other social service providers, school, health service providers and family members to and among state agencies and their agents on my child's medical condition and other relevant information necessary to determine appropriate HCBS waiver services. I understand I may revoke this release of information in writing at any time.

### Signatures

\_\_\_\_\_  
Signature of Applicant or Legally Responsible Representative      Date

\_\_\_\_\_  
Signature of Selected/Current Case Manager      Date

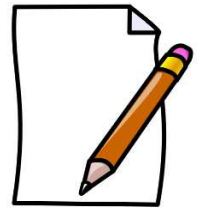
\_\_\_\_\_  
Signature of Witness      Date  
(required if the signature is marked with an "X")

\_\_\_\_\_  
Signature of New Case Manager      Date

**Mail this form to the DD Section Participant Support Specialist**



# My Notes

[illegible]